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NOV 20 2013

Department of Ecology
Eastern Regional Office

STATE OF WASHINGTON

APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS ONLY TO BE USED FOR THE
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

FOR OFFICE USE ONLY

FILE No. _____ WRIA _____

DATE ACCEPTED ____/____/____ BY _____

FEE \$ _____ REC'D ____/____/____

CHECK No. _____

SEPA: ☐ Exempt ☐ Not exempt

(Check all that apply.)

- ☒ Lease
☐ Purchase
☐ Donation
☐ Other

Explain: _____

☒ Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE __3__/1/_2014_
 END DATE __10__/_31__/_2016_

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Touchet Eastside/Westside Irrigation District	PHONE NO. (509) 386-6686	FAX NO. ()
ADDRESS 681 Touchet North Road		
CITY Touchet	STATE WA	ZIP CODE 99360

CONTACT NAME (IF DIFFERENT FROM ABOVE) Chris Hyland, WW Watershed Mangt. Partnership	PHONE NO. (509) 524-5217	FAX NO. (509) 524-5209
ADDRESS 500 Tausick Way		
CITY Walla Walla	STATE WA	ZIP CODE 99362

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Touchet River Adj. Cert. 116(A)	RECORDED NAME(S) Westside No. 5, Eastside No. 6
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

FOR OFFICE USE ONLY

WATER RIGHT NO. _____ FILE (contract) NO. _____

3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s): Columbia Basin Water Transactions Program & Dept. of Ecology	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Touchet River		NE	SE	15	7N	33E	330715110005	

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of 1,972 acres	28.5		March 16 to April 30
	25.353		May 1 to June 30
	28.5		July 1 to July 15
	30.353		July 16 to August 31
	25.353		September 1 to 15
	21.353		September 16 to 30
	13.353		October 1 to 15
	8.353		October 16 to 31
	7.353		November 1 to 15
	30.353		Nov. 16 to Dec. 15
		8,703.75	(annual max)

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Instream flow augmentation; variable Qi (1-30 cfs)	

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
See Touchet River Adj. Cert. No. 116(A) (attached)							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: The District patrons own the land; the District supplies water for irrigation purposes to that land.							

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
Touchet River, mainstem. From the existing Touchet River E/W
diversion point (NE¹/₄SE¹/₄ of Sec. 3, T. 7 N., R. 33 E.W.M. – Approx. RM
7) downstream to the mouth of Touchet River.

7. Remarks and Other Relevant Information:

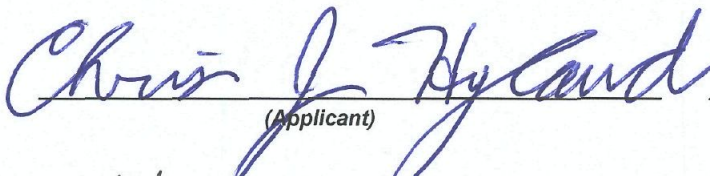
This application requests placement of water into the Trust Water Right
Program for the purpose of instream flow. The instantaneous quantities will
be variable (see attached agreement between the Partnership and TEW),
ranging between 1 and 30 cfs.

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

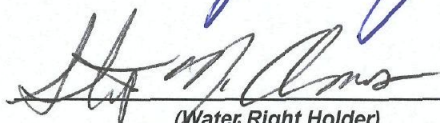
Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, P.O. Box 47477, Olympia, WA 98504-7477.

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.


(Applicant)

11 / 18 / 13
(Date)


(Water Right Holder)
Pres of Board on #5 E #6

NOV / 15 / 2013
(Date)

(Land Owner(s) of Existing Place of Use)

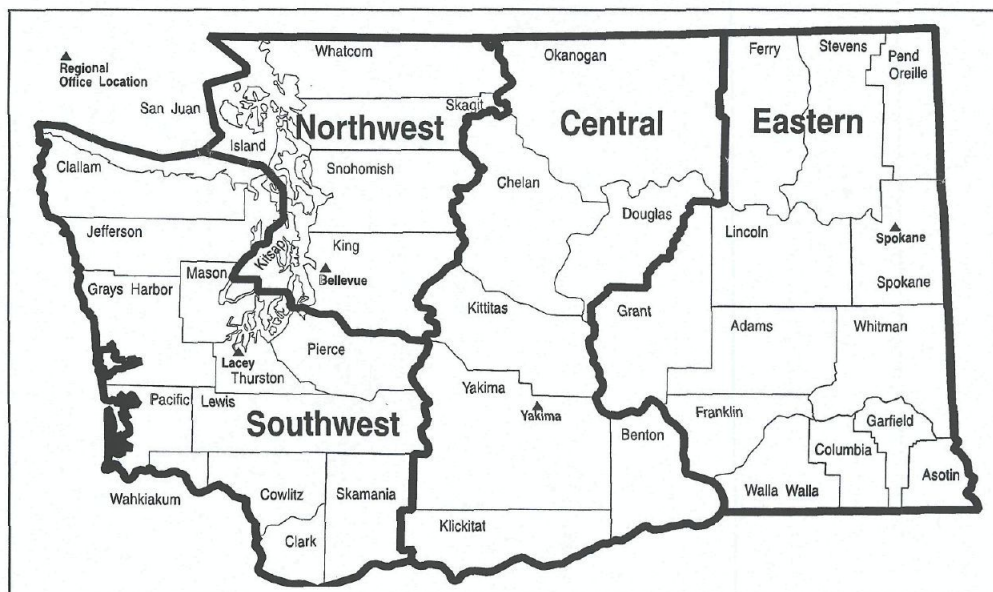
____ / ____ / ____
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____ / ____ / ____

IMPORTANT!

Submit your application to Ecology at the regional office for the area of proposed or existing water use. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Department of Ecology
Central Regional Office
15 W. Yakima Avenue, Suite 200
Yakima, WA 98902
Telephone: (509) 575-2490

Department of Ecology
Eastern Regional Office
N. 4601 Monroe, Suite 202
Spokane, WA 99205-1295
Telephone: (509) 329-3400

Department of Ecology
Northwest Regional Office
3190 – 160th Avenue SE
Bellevue, WA 98008-5452
Telephone: (425) 649-7000

Department of Ecology
Southwest Regional Office
PO Box 47775
Olympia, WA 98504-7775
Telephone: (360) 407-6300

If you need assistance in the application process or those needing this application in an alternate format, please call the Water Resources Program at (360) 407-6600 or 800-833-6388 (TTY).

ATTACHMENT FOR
APPLICATION TO ENTER A WATER RIGHT INTO
THE TRUST WATER RIGHT PROGRAM

Point(s) of Diversion/Withdrawal - ☒ Existing ☐ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Touchet River		NE	SE	3	7 N	33 E	330715110005	
(No change proposed)								

B. Proposed Purpose of the Trust Water Right

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Instream flow for the benefit of aquatic resources. The instantaneous flow will range from 1 to a maximum of 30 cfs.	

Place of Use - ☐ Existing:

LEGAL DESCRIPTION OF LANDS							
See Touchet River Adj. Cert. No. 116(A) (attached)							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							